80% by 2018



Primary Care Physiciansworking together to save lives



Colorectal cancer is the second leading cause of cancer death in the United States among men and women combined, yet it's one of the most preventable.



The number of colorectal cancer cases is dropping thanks to screening.
We are helping save lives.
We can save more.





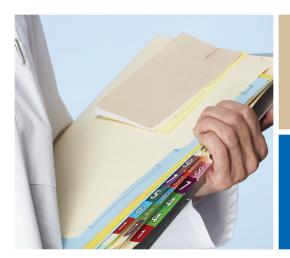
How can you be part of the national effort to make sure 80% of adults ages 50 and older are regularly screened for colorectal cancer by 2018?

As a primary care physician, here are five things that you can do to be a part of 80% by 2018:

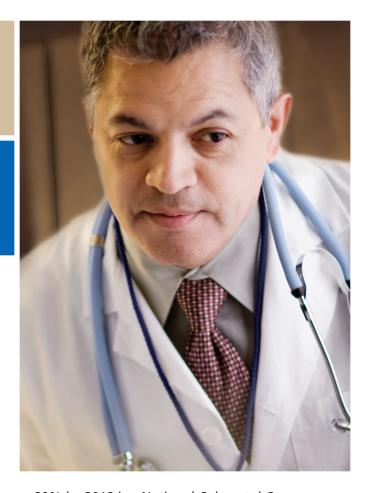
- 1. Understand the power of the physician recommendation. Recommend colorectal cancer screening to your patients ages 50 and older, as well as to younger patients at an increased risk of disease. They may need to start screening at an earlier age.
 - Your recommendation is the most influential factor in whether a person decides to get screened.
 - Surveys show that 90 percent of people who reported a physician recommendation for colon cancer testing were screened versus 17 percent of those who reported that they did not have a provider recommendation.¹
 - In a recent survey, "My doctor did not recommend it," was the primary reason for not getting screened among Blacks and the third most commonly cited reason among Hispanics.
- **2**. Measure the colorectal cancer screening rate in your practice; it may not be as high as you think.
 - Set goals to get screening rates up.
 - Recognize clinicians in your practice who are meeting screening goals.
 - Share advice with those who can be doing better.
 - Tools are available to help your staff understand how to accurately measure screening rates.*







- **3.** Use evidence-based practice changes to systematize screening in your office.** More screening doesn't have to mean more work for you.
 - Set up reminder systems, which have been demonstrated to be effective.
 - Rely on your staff to alert you to patients who are due for screening, even if they are not coming in for a wellness visit.
 - Have standing protocols in place to make sure every age and risk-eligible patient gets a recommendation when they are due for screening.
 - **4.** Understand the screening options for colorectal cancer. Educate your patients and staff on the various, often less expensive, testing options.
 - There are several recommended screening options, including: colonoscopy and stool tests (guaiac fecal occult blood test [FOBT] and fecal immunochemical test [FIT]).
 - High-quality stool testing programs** using FOBTs and FITs can help save lives with annual testing and appropriate follow-up of all positives.
 - Some patients cannot or will not have a colonoscopy. Patients should be made aware that there are alternatives to colonoscopy for screening. When informed of their options, many patients prefer stool tests.
- Make sure that patients and staff understand that most insurance companies are required to cover colorectal cancer screening.
 - Affordability is a very real barrier for some patients, but most insurance companies are now required to cover colorectal cancer screening tests, usually with no outof-pocket costs for your patients.
 - Know the resources and support available in your area to recommend the best option for screening and appropriate follow-up.



80% by 2018 is a National Colorectal Cancer Roundtable initiative in which more than 140 organizations have committed to eliminating colorectal cancer as a major public health problem and are working toward the shared goal of 80% of adults ages 50 and older being regularly screened for colorectal cancer by 2018.

Visit nccrt.org/tools or cancer.org/ to learn more about how to act on the preceding recommendations and be part of 80% by 2018.







Sources

- ¹ cancer.org/acs/groups/content/documents/document/ acspc-024588.pdf.
- * cancer.org/colonmd.
- **nccrt.org/about/provider-education/manual-forcommunity-health-centers-2.



